

APPLICATION AND CLAIM FOR FUNDS TO DEFRAY BURIAL COSTS MEDICAID AGED, BLIND AND DISABLED RECIPIENTS

State Form 35937 (R3 / 3-04) / FM 0033 Approved by the State Board of Accounts, 2004

INSTRUCTIONS: Claimant shall complete three (3) copies, send two (2) to Local Office of Family and Children, and keep one (1). If claims for both funeral and cemetery expenses are made by one (1) person, only one (1) set of FM 0033 is to be completed. If this is done, the funeral director shall attach a receipted bill showing the amount of cemetery expenses paid by him.

If the funeral claim and cemetery claim are made by two (2) different persons, each shall complete FM 0033 as it pertains to his claim. The Local Office of Family and Children will enter on the reverse side the amount of resources available to meet this claim and after approval the Director certifies that the claim is in proper form, enters the amount approved for payment, signs it, files the original with Financial Management at Central Office.

				RE	CIPIEN	T INFO	ORM/	ATION	1										
Name of recipient (last, first, middle)										ICI	ES c	ase nu	ımber						
Last residence (number and street, city, state, ZIP code): Check						opropriate box				Da	ite of	deat	th (<i>moi</i>	nth, da	ay, year)				
					MA-A MA-B MA-D														
					1 2 3				County number				N	Name of county					
				175	ZED	0007	- 05 5			_									
FIINE	RAL DIRECTOR	'S EYDEN	SES	1115	MIZED	COSI	OF	BURIA	∖L	CEM	IETERY	/ EV	DEN	ISES					
Preparation of body:	NAL DIRECTOR	3 EXPEN	323			Bı	Surial p	olot.		CEIV	LIEKI	LA	FEN	IJEJ					
(includes cremation)																			
Clothing:						Opening & closing:													
Casket:						Wooden box / Concrete slab:				lab:									
Funeral services:					Lowering device:														
Transportation:					Tent or artifical grass:														
Professional services:	5:					Vault:													
Other: Specify and attach receipt					Other: Specify and attach receipt											-			
Total cost of Funeral Director's expenses: \$						Total cost of cemetery expens			penses:	ses:				\$					
			COI	NTRIBL	JTIONS	AND	RESC	OURC	ES										
	FUNER.	FUNERAL CEMETER		METER	RY				FUNERAL					CEMETERY					
Insurance						Soc	cial Se	ecurity	,										
Bank balance						Lum	np sur	m dea	th bene	efit									
Veteran benefit						Othe	er: Sp	ecify											
Friends or family																			
Total to Funeral Director and / or Cemetery Authority:					\$!	\$						
TOTAL CONTRIBUTIONS AND RESOURCES:									\$										
Name of contributor (attack	h additional pages,	if necessary))			Addre	ess (nı	umber	and stre	eet, city	, state, Z	IP co	ode)						
	AM	OUNT CL	AIMED FRO	OM OF	FICE OF	DIVIS	SION	OF F	AMILY	AND	CHILDE	REN							
Name of Funeral Home or Cemetery				Claim for Funeral Director's Expenses				enses	5				\$						
Address (number and street)					Claim for Cemetery Expenses						\$								
City		State	ZIP code											Total \$					
				PRO	VIDER (CERTI	IFICA	TION											
Pursuant to the provi					-								claii	med					
() is legally due, after allowing all just credits, and the Signature of Funeral Director and/or Cemetery authority					110	Federal ID nur					umb	er							

	SUMMARY OF AVAILABLE RESOURCES						
Contributions from Relatives and / or Friends:	COMMINANT OF AVAILABLE RECORDED						
Insurance:							
Real Estate:							
Bank Balance:							
Cash on Hand:							
Fraternal Organization:							
Burial Plot: Available w/o Cost:							
Other (Specify):							
Reimbursement from Social Security Death Bene	fits? ☐ Yes ☐ No						
	ADDITIONAL LOCAL OFFICE COMMENTS						
Medicaid effective on:							
Name of Local Office Contact Person	1	elephone number					
	COUNTY DIRECTOR'S CERTIFICATION						
I hereby certify that the within claim covering buri	al expenses as indicated is in proper form; that the o	eceased recipient in whose behalf payment is to	0				
be made has been found to be eligible for such services under the provisions of IC 12-14-17, and that this claim in the amount of is							
being recommended for payment based upon	on information submitted to this Office by the I	uneral Director and/or Cemetery Authority.	<i>'</i> .				
Signature of Director of Local Office, DFC, FSSA	Date (month, day, year)	Date (month, day, year)					
Signature of Authorized Designee		Date (month, day, year)					